

Louisiana Public Service Commission

2013 INDEPENDENT TELEPHONIC SOLICITOR REGISTRATION APPLICATION

(Solicitor registration expires at the end of the applicable calendar year.)

Application is hereby made to obtain access to the Louisiana "Do Not Call Register" pursuant to Act 40 of the 2001 Regular Session and the LPSC Do Not Call Program General Order. Louisiana law requires that persons making telephone solicitations to Louisiana consumers first obtain a current Do Not Call listing comprised of the telephone numbers of consumers who object to receiving telephone solicitations. The database is maintained by the Louisiana Public Service Commission and may be obtained by returning this completed form with applicable fees to:

Louisiana Public Service Commission
Do Not Call Program
Post Office Box 91154
Baton Rouge, Louisiana 70821-9154
(Physical Address: 602 North 5th Street, BR, LA 70802)

Registration submitted for **January 1-December 31st** of Calendar Year: **2013**

General Information: (Please print or type all the information requested below.)

Application Date: _____ Check one: New registration _____ Re-registering _____

Federal ID/S.S. # _____ Phone # _____ Fax # _____

Legal name of corporation, partnership, or proprietorship for which application is made.

Trade name (DBA), assumed names or fictitious names used by applicant.

Mailing address

City State Zip

Nature of Business:

Designated Contact Person: *Mailing address for contact **must be within US borders**; phone numbers must be US area codes or toll free numbers. This is the **only** person authorized to make changes to your company information. This person is responsible for keeping all application information on file correct and **updated** with LPSC.*

Phone # _____ Fax # _____ E-mail address _____

Designated Contact Name.

Mailing address

City State Zip

Only one primary contact designation can be accepted, do not submit multiple addresses for this contact option.

Designated Emergency Contact: Name: _____

E-mail address (required) _____

Only one emergency contact designation can be accepted, do not submit multiple addresses for this contact option.

Service Process Agent: (Note: your Agent for Service of Process must be located in Louisiana)

Phone # _____ Fax # _____ E-mail address _____

Name of Registered Agent for Service of Process.

Mailing address

City State Zip

Attach Registration/List Fees: ABSOLUTELY NO COMPANY CHECKS ALLOWED. Attach certified funds in the amount of **\$800.00**. This fee covers both registration and Do Not Call listings for an independent solicitor for the applicable calendar year. Payment must be in the form of certified check, cashier's check, or money order made payable to the Louisiana Public Service Commission. A wire transfer option is also available for payment of registration/list fees, and information regarding that process is available on the solicitor's page of the Do Not Call section of our web page, www.lpsc.org.

Deployment: (*Select one*) – *Email/Internet deployment recommended. (Internet capability required)
Continental US address required for the CD Rom deployment selection.

_____*Email/Internet:Email Address _____
_____*CD-ROM: US Address: Name: _____
Address:_____ City:_____ State: _____ Zipcode:_____

Only one deployment contact designation can be accepted, do not submit multiple addresses for this contact option.

Automatic Dialing and Announcing Devices (ADAD) Reporting (*Select one*)

_____Applicant does NOT use ADAD equipment to contact residential consumers for any reason.

_____Applicant DOES use ADAD equipment to contact residential consumers.

Compliance Statement:

The Louisiana "Do Not Call Register" telephone solicitor applicant, hereby, affirms the following:

I / We will comply with the Louisiana Public Service Commission Act 40 of the 2001 Regular Session and Commission Do Not Call Program General Order.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in the APPLICATION and all attachments are true and correct to the best of my knowledge and belief.

Signature of Authorized Representative

Title of Authorized Representative

Federal ID/S.S. #

Date

Signature of Notary

Date: _____

My commission expires:_____